Effective December 29, 1999 O 9490529													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR		R THAN ENTITY
F	OR .	•	NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE
BA	ISIC FEE							100		345.00	OR	Sec. 25.	690.00
TOTAL CLAIMS			38	minus	20=	•	Q		X\$ 9=		OR	X\$18=	324
INE	EPENDENT C	LAIMS	7	minus	3 =	•	0		X39=		1	X78=	1. 1
MULTIPLE DEPENDENT CLAIM PRESENT								-	+130=	+	OR		312
* If the difference in column 1 is less than zero, enter "0" in column 2							L			OR	+260=		
CLAIMS AS AMENDED - PART II 40 40									TOTAL	<u> </u>	OR	TOTAL	1326
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 2	4	Minus	••	38	-	Γ	X\$ 9=		OR	X\$18=	
	Independent	NTATIC	N OF MI	Minus	PENIC	7	·		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								⊦130 =		OR	+260=	
·									TOTAL			TOTAL	
		(Colu	ımn 1)		(C	olumn 2)	(Column 3)	AU	DIT. FEE			ADDIT. FEE	
AMENDMENT B	THE T		AIMS AINING			HIGHEST NUMBER	PRESENT	Г		ADDI-	1		ADDI-
		2	TER DMENT	4 1 4 1		EVIOUSLY PAID FOR	EXTRA	Ľ	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total		<u> </u>	Minus	**	24	<u>- · · · · · · · · · · · · · · · · · · ·</u>		(\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	NTATIO	N OF ML	Minus ULTIPLE DEF	END	ENT CLAIM	=		X39=		OR	X78=	
1/1	lich								130=		OR	+260=	
1	194						ADD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
	<u> </u>	mn 1)						•					
AMENDMENT C		REMA AF	NMS NNING TER DMENT	•	PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3		Minus	**	39	= 0	X	\$ 9= ·		OR	X\$18=	
	Independent			Minus	***	7	- €	\Box	(39=		f	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	V. 0=	
	l Non ambrila ast	4 3-2-	aa sh st		0			+	130=		OR	+260=	
**	I the entry in colur I the "Highest Nur If the "Highest Nur The "Highest Num	nber Pre	viously Pai	id For IN THIS id For IN THIS	SPA SSPA	CE is less than CE is less than	20; enter "20." 3. enter "3."		TOTAL IT. FEE n the app			TOTAL DDIT, FEE IMA 1,	

FORM PTO-075 (Rev. 12/99)

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Application or Docket Number